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**From:** chirodanmt@yahoo.com

**To:** slboggio@aol.com

**Subject:** (no subject)

**Date:** Fri, 16 Feb 2007 4:51 PM

Scott,

Thanks again for your attention to this matter. I forget the HB number of this legislation but I believe you will be seeing it in committee on Monday morning. It a nutshell, the chiropractic community in Montana is attempting to achieve parity and equality with other health professionals in regards to monetary caps placed on health insurance policies and contracts. As we discussed, I believe you will hear the standard rhetoric about how this will be an unacceptable financial burden to insurance payors. However, in fact, Chiropractic has been shown to be more cost effective than other treatment modalities and extremely case effective in treating musculoskeletal injuries and syndromes. See attached links.

Thanks again for your time,

Sincerely, Daniel Upton DC

Link 1)

[http://www.chiro.org/research/ABSTRACTS/Cost\\_effectiveness\\_of\\_physiotherapy.shtml](http://www.chiro.org/research/ABSTRACTS/Cost_effectiveness_of_physiotherapy.shtml)

attatchment 2) Kansas Study.txt

The medical "debate" has been going on for years...is spinal adjusting (a.k.a manipulation) effective for Low Back Pain? The original Meade study (British Medical Journal 1990) demonstrated that chiropractic was much more effective for LBP than conventional medical care.

In 1993 the province of Ontario, Canada hired the esteemed health care economist Pran Manga, PhD to examine the benefits of chiropractic care for low back pain (LBP) and to make a set of recommendations on how to contain and reduce health care costs. His report A Study to Examine the Effectiveness and Cost-Effectiveness of Chiropractic Management of Low-Back Pain cited research demonstrating that: (1) chiropractic manipulation is safer than medical management for LBP; (2) that spinal manipulation is less safe and effective when performed by non-chiropractic professionals; (3) that there is an overwhelming body of evidence indicating that chiropractic management of low-back pain is more cost-effective than medical management; (4) and that there would be highly significant cost savings if more management of LBP was transferred from medical physicians to chiropractors. He also stated that "A very good case can be made for making chiropractors the gatekeepers for management of low-back pain in the Workers' Compensation System in Ontario."

In 1994 Medicine was horrified when the Agency for Health Care Policy and Research (AHCPR) confirmed the

untested, questionable or harmful nature of many current medical therapies for LBP , and also stated that, of all forms of management they reviewed, only chiropractic care could both reduce pain AND improve function.

Meade did a 1995 follow-up study in British Medical Journal, that once again demonstrated that those treated by chiropractic derive more benefit and long term satisfaction than those treated by hospitals, especially for chronic (long-term) LBP!

A recent study in SPINE Journal revealed that health care expenditures for back pain sufferers were a staggering \$90.7 billion in 1998 and that prescription drugs accounted for more than 15% of that figure. Considering that muscle relaxants are associated with slower recovery, and that steroid injections offer minimal relief, one has to ask why drug use costs continue to climb? Even care by physical therapists has been shown to prolong low back pain.

A chronic pain study at the University of Washington School of Medicine recently compared which treatments were most effective at reducing pain for neuromuscular diseases and found that chiropractic scored the highest pain relief rating (7.33 out of 10), scoring higher than the relief provided by either nerve blocks (6.75) or opioid analgesics (6.37).

A recent 4-year retrospective study of 700,000 health plan members revealed that offering chiropractic services within a managed-care environment could save insurers 27% in back pain episode-related costs! The Cost-effectiveness Page documents many other studies with similar findings.

In December 2004, the British Medical Research Council published 2 papers in the British Medical Journal demonstrating both the efficacy and cost-effectiveness of chiropractic compared with medical management. These two papers found:

- Manipulation, with or without exercise, improved symptoms more than medical care did after both 3 and 12 months
- The authors concluded: "We believe that this is the first study of physical therapy for low back pain to show convincingly that both manipulation alone and manipulation followed by exercise provide cost effective additions to care in general practice."

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Blue Cross Lumbago Study Demonstrates Chiropractic's Effectiveness

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by Brad Dopps,DC

Chiropractors have claimed for years that we can be more cost-effective. BCBS has the database that would prove our thesis, but there seems to be a reluctance to allow our profession to access the data that would prove us right. In August 1999, Blue Cross/Blue Shield (BCBS) of Kansas presented a study titled "Lumbago Treatment." This data was made available from a new program installed by BCBS called the McKesson Episode Profiler. This program gave BCBS the ability to sort data according to specific diagnoses and compared the costs, frequency, and other factors between peer groups.

The data revealed that while less than eight percent of the study group were chiropractors, 38 percent of the patients chose to seek chiropractic care rather than allopathic medicine. This fact indicates that patients desire and are satisfied with the management techniques of the chiropractor.

The study did not include any hospitalization costs for surgery or any fees paid to orthopedists or neurosurgeons for costs associated with surgery. If the data included costs for these procedures, the savings for chiropractic would have been much greater.

When sorted by the average cost per episode, chiropractic is more cost-effective than anesthesiology; neurosurgery; neurology; registered physical therapy; orthopedic reconstructive surgery; physical medicine and rehabilitation; and rheumatology.

The greatest cost-effectiveness of chiropractic is demonstrated when one considers the global cost of allopathic care. The physical therapist can only receive referrals from an allopathic provider. An allopath can only write prescriptions. The allopathic provider primarily orders surgeries, nerve conduction tests MRIs, and CT scans. Hospitalization charges are totally allopathic charges that cannot be associated with chiropractic. When these charges are considered, the tremendous economy of chiropractic management becomes indelibly clear.

The majority of chiropractic charges were associated with the basic office-treatment-related services performed. Eighty-nine percent of the chiropractic charges were for services related to the treatment, while only 45 percent of the family practice costs were related to treatment of the condition. The remainder of the costs were for expensive diagnostics.

Patients who visit the family practice provider have about a 15 percent chance that they will have a MRI or CAT scan. These services cost an average of over \$1,000 and provide no treatment, only a diagnosis.

For each 100 episodes, the chiropractor provided 265 modalities. For each 100 episodes, the registered physical therapist provided 885 modalities: over three times as many units of physical therapy provided by RPTs than chiropractors. This is a cost that has to be globally charged to the family practice providers, since patients cannot access RPTs without a referral from a medical doctor.

Registered physical therapists provided 303 office visits per 100 episodes, compared to 255 by the chiropractor. When RPTs are combined with the other allopathic portals, there are 598 office visits per 100 episodes. Therefore, the myth claiming chiropractors treat the patient more than the allopathic portals is obviously just diversionary, and not based on facts.

Patients had a willingness to return to the chiropractor that was 22 percent greater than the combined totals of allopathic portals. This indicates a level of satisfaction that is demonstrated by the patient's willingness to return, based on results and confidence.

The BCBS lumbago study demonstrates that chiropractic is not only cost-effective but also quality effective. Adding chiropractic services would only decrease the cost to the plan. What is hard to explain is the prejudice against chiropractic in the design of BCBS plans, and their reluctance to push the study and analysis of the data to the next level. It almost seems as though there is a fear that exists in the minds of those in positions of power, preventing them from

presenting the cost comparisons with the global cost of allopathic portals to chiropractic. Chiropractors have claimed for years that we can be more cost-effective. BCBS has the database that would prove our thesis, but there seems to be a reluctance to allow our profession to access the data that would prove us right.

I guess the million-dollar questions are "Why?" and "What are they afraid of?" Perhaps it is the fear of knowing how to handle the data once it proved that chiropractic was more cost-effective. Perhaps it is getting past the mindset that adding chiropractic benefits is going to increase reimbursement levels. Perhaps they cannot see that there would not be a cost increase but a cost savings from directing patients to more cost-effective portals. Allowing osteopaths to treat broken arms did not increase the number of fractures; it simply shifted the point of access to treatment. Likewise, allowing patients to freely access chiropractic services would not increase the number of spinal related injuries; it would simply allow the patient access to desired and more cost-effective services.

I imagine that BCBS of Kansas regrets releasing the amount of information they already have. There seems to be a reluctance to push the analysis of the data to the next level. It is now up to the profession to "hold their feet to the fire" and push for more data to support the fact that chiropractic can be more cost-effective.

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